## Department of Chemistry Shipping Information Form Non-Chemical

Group Name:	Speedchart:
Your Name:	Phone:
	Email:
Is this shipment Collect: Pro	epaid:(Please check one)
If Collect, please *provide preferred c	arrier, phone and account number:
Please Note: All packages will be shipped pr	repaid unless otherwise indicated!
Destination Address:	
Federal ID/IRS Number (US Only)	
Contact Person(Receiver):	<del></del>
Description of Goods:	
Model # ( If Applicable) Seria	(Office use Only) 1 #( If Applicable)
, 11	(For Int'l shipping only)
Country of Manufacture:	(For Int'l shipping only)
RMA #( If Applicable)	
	TIOD TINDO
#Value of Shipment: \$ CAD	USD EURO
Permanent Export On Loan For Rep	pair
Insurance Yes No \$	
Authorizing Signature:	
Print Name:	